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City of Chandler

City of Chandler, AZ

**FY 2021-2022 Application**

Deadline:

## Print Preview Prop

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**\$ 0.00** Requested

**Additional Contacts**

*none entered*

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Tel: 888-867-5309

### Pre-Application [top](#)

#### 1. What funding are you applying for?

- ☐ CDBG
- ☐ CDBG-CV
- ☐ HOME
- ☐ General Fund
- ☐ General Fund Collaborative Partner

#### 2. Service Address of the Program / Project

*-no answer-*

#### 3. What Population in Need are you proposing to serve based on the 2019 Community Needs Assessment?

<https://www.chandleraz.gov/sites/default/files/City-of-Chandler-2019-REPORT-Community-Needs-Assessment-Full-Report-09.12.19%20final.pdf> 2019 Community Needs Assessment

- ☐ People experiencing homelessness and/or housing crisis
- ☐ Households with low and moderate income
- ☐ Seniors who are isolated or have low household incomes
- ☐ Youth who are isolated or have low household incomes
- ☐ People living with mental health and/or substance use disorders
- ☐ People living with physical and/or intellectual disabilities

#### 4. The proposed request will support a program or service that best aligns with which Top Area of

**Need from the 2019 Community Needs Assessment?**

<https://www.chandleraz.gov/sites/default/files/City-of-Chandler-2019-REPORT-Community-Needs-Assessment-Full-Report-09.12.19%20final.pdf> target="\_blank">2019 Community Needs Assessment</a>

- ☐ Housing for All Incomes
- ☐ Behavioral Health
- ☐ Homelessness
- ☐ Better Communication of Available Resources
- ☐ Transportation
- ☐ Social Isolation
- ☐ Food Insecurity

**5. The proposed request for funding will support a program, service, or capital project that best aligns with which of the following National Objective categories?**

- ☐ Low and Moderate Income: Area Wide
- ☐ Low and Moderate Income: Limited Clientele
- ☐ Low and Moderate Income: Housing
- ☐ Low and Moderate Income: Jobs
- ☐ Slum and Blight: Target Area
- ☐ Slum and Blight: Spot
- ☐ Slum and Blight: Urban Renewal
- ☐ Urgent Need

**6. Is this a Collaborative Partner Application? A Collaborative Partner program brings multiple agencies together to address an identified need with each agency receiving funding from the City of Chandler for the same project.**

- ☐ Yes
- ☐ No

**7. Please list your collaborative partner(s) that is / are working with you to address the same need with Chandler funding. Describe your partner(s) roles, responsibilities and contributions.**

-no answer-

**8. Describe the enhancements and efficiencies that are achieved through the collaboration. Are you decreasing duplication?**

-no answer-

**9. Please explain your involvement with City of Chandler programs and For Our City Chandler.**

-no answer-

**10. Have you signed and uploaded the Certification list of documents to the Documents Tab required for application eligibility for General Funds? This certification includes all of the General Fund eligibility requirements.**

- ☐ Yes
- ☐ No

**11. Have you signed and uploaded the Certification list of documents to the Documents Tab required for application eligibility for CDBG/HOME? This certification includes all of the CDBG and HOME eligibility requirements.**

☐ Yes☐ No

## Program & Project [top](#)

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### 1. What funding are you applying for?

*-answer not presented because of the answer to #1-*

## Program Summary

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### 2. Describe the unmet need the proposed program or service will address.

*-answer not presented because of the answer to #1-*

### 3. How will the proposed program or service meet the need described above?

*-answer not presented because of the answer to #1-*

### 4. List the desired outcome(s) for this proposed program.

*-answer not presented because of the answer to #1-*

### 5. Describe how the program will meet the eligibility criteria for funding.

*-answer not presented because of the answer to #1-*

### 6. Describe how the program will meet the eligibility criteria for funding.

*-answer not presented because of the answer to #1-*

### 7. Identify the target population to be served.

*-answer not presented because of the answer to #1-*

### 8. Number of <u>unduplicated</u> persons to be served by the program from July 1, 2021 - June 30, 2022.

*-answer not presented because of the answer to #1-*

### 9. Number of <u>unduplicated</u> households to be served by the program from July 1, 2021 - June 30, 2022.

*-answer not presented because of the answer to #1-*

### 10. Estimate the projected number of persons to be served by age with Chandler funds.

*-answer not presented because of the answer to #1-*

### 11. Estimate the projected number of persons to be served by Area Median Income (AMI) with Chandler funds.

*-answer not presented because of the answer to #1-*

### 12. Estimate the above number of persons to be served by the following categories with Chandler funds.

*-answer not presented because of the answer to #1-*

### 13. Describe the geographic area to be served with Chandler funds.

*-answer not presented because of the answer to #1-*

## Experience

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**14. What is your organization's mission? What core services are provided?**

*-answer not presented because of the answer to #1-*

**15. Describe the composition and function of your Board. How does your Board support your organization?**

*-answer not presented because of the answer to #1-*

**16. How many years has your organization been providing the proposed program or service? Detail the current staff experience to support this project.**

*-answer not presented because of the answer to #1-*

**17. How do you ensure client safety? Describe any training or certifications that you require.**

*-answer not presented because of the answer to #1-*

## Service Delivery

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**18. How do clients access your organization's programs or services?**

*-answer not presented because of the answer to #1-*

**19. Describe how services are delivered. How has service delivery changed as a result of COVID-19 (if applicable)?**

*-answer not presented because of the answer to #1-*

**20. What unit of service do you use to measure performance?**

*-answer not presented because of the answer to #1-*

**21. Enter the projected number of units of service as described in Question #20 for the proposed program or service from July 1, 2021 - June 30, 2022.**

*-answer not presented because of the answer to #1-*

**22. Fund sources are always changing. How does your organization plan for sustainability to ensure continued service delivery?**

*-answer not presented because of the answer to #1-*

## Leveraging Resources

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**23. Describe how volunteers are used in your program. If this has been significantly impacted by COVID-19, please describe.**

*-answer not presented because of the answer to #1-*

**24. Describe how your organization collaborates with other organizations and / or government entities to make a positive impact to the Chandler community.**

*-answer not presented because of the answer to #1-*

**25. What other resources does your organization leverage to improve service delivery?**

*-answer not presented because of the answer to #1-*

## Additional CDBG and HOME Requirements

**26. List the organization's five (5) most recent CDBG or HOME funded projects, including the grantor, award amount, brief project description, year, and total number served.**

*-answer not presented because of the answer to #1-*

**27. List any project with unspent funds and monitoring or audit findings for any CDBG or HOME funded projects from the past 5 years.**

*-answer not presented because of the answer to #1-*

**28. Are there any known adverse environmental conditions on the proposed project site? If so, what are they and can they be mitigated through reasonable measures?**

*-answer not presented because of the answer to #1-*

**29. If there are any on-site structures subject to historic preservation requirements, briefly state how you plan to comply with applicable historic preservation requirements.**

*-answer not presented because of the answer to #1-*

**30. Section 3 provides employment and / or job training opportunities for low-income individuals. In addition, HUD urges contracting with Minority-owned Business Enterprise (MBE) or Women-owned Business Enterprise (WBE) firms. Briefly describe the steps you will take to offer opportunities to Section 3 individuals, Minority-owned Business Enterprises and Women-owned Business Enterprises.**

*-answer not presented because of the answer to #1-*

**31. Does the current zoning conform to your proposed use of the project site? Are there any deed restrictions, land covenants, etc. that would prevent use of the site as proposed? Describe any land use restrictions and how you plan to overcome them.**

*-answer not presented because of the answer to #1-*

**32. Will this proposed project result in any temporary or permanent displacement of residents? If so, describe your process to mitigate displacement.**

*-answer not presented because of the answer to #1-*

**33. Describe any substandard or deficient condition(s) present at the site and how they impact functionality or otherwise negatively impact operations. Provide relevant data to support your assessment.**

*-answer not presented because of the answer to #1-*

**34. Describe the level of experience your organization has in preparing HUD funded scopes of work, invitations to bid, contractor procurement and Davis-Bacon wage rates.**

*-answer not presented because of the answer to #1-*

**35. HOME funding requires a 25% match. List the required match amount and source(s).**

*-answer not presented because of the answer to #1-*

**36. Describe the market demand and probable success of the activity. What measures will be taken to ensure initial and continued affordability?**

*-answer not presented because of the answer to #1-*

**37. Describe the proposed site or neighborhood and your considerations for selection.**

*-answer not presented because of the answer to #1-*

**38. Describe how the project specifically prepares, prevents or responds to COVID-19. What policies or procedures are in place to ensure that recipients are / were impacted by COVID-19?**

*-answer not presented because of the answer to #1-*

**39. Briefly describe your policies and procedures to ensure there is not a Duplication of Benefits.***-answer not presented because of the answer to #1-***Budget** [top](#)

<b>Program/Project Budget</b>	Chandler Funding Request	Other Cash	Other In-Kind	Other Funding	Total
-none-	<b>\$ 0.00</b>	<b>\$ 0.00</b>	<b>\$ 0.00</b>		<b>\$ 0.00</b>

**Timeline** [top](#)**TIMELINE**

<b>Project Milestones</b>	<b>Anticipated Completion</b>
Environmental Review	(mm/dd/yyyy)
Execute Contract with Chandler	(mm/dd/yyyy)
Architectural/Design (Procurement)	(mm/dd/yyyy)
Architectural/Design (Execute Contract)	(mm/dd/yyyy)
Architectural/Design	(mm/dd/yyyy)
Pre-Bid Meeting	(mm/dd/yyyy)
Construction (Procurement)	(mm/dd/yyyy)
Construction (Execute Contract)	(mm/dd/yyyy)
Pre-Construction Meeting	(mm/dd/yyyy)
<b>Construction</b>	
Notice to Proceed	(mm/dd/yyyy)
Final Inspection	(mm/dd/yyyy)
<b>Completion Documents</b>	
Certificate of Occupancy	(mm/dd/yyyy)
Davis Bacon, Section 3, MBE/WBE Final Documents to Chandler	(mm/dd/yyyy)
<b>Total</b>	

**Documents** [top](#)

<b>Documents Requested *</b>	<b>Required?</b>	<b>Attached Documents *</b>
501 (c)(3) letter	✓	
Agency Organizational Chart	✓	
Board of Directors	✓	
Certification	✓	
Fiscal Management Assessment - Federal Funds Only		

## Articles of Incorporation - Federal Funds Only

Agency Budget



Agency Budget Narrative

Audit or Financial Statements



Agency Brochure

Additional Documents

*\* ZoomGrants™ is not responsible for the content of uploaded documents.*

Application ID: 124545

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